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**SCHEDULE 1 : CONTACT AND DISCLOSURE INFORMATION****Organization Information**

TABLE 1		
1.1	Management /Central Office Identification Number	COMB096
1.2	Organization ID	6721
1.3	Balance Sheet Date - Management Co/Central Office	12/31/2023
1.4	Reporting Period: From	01/01/2023
1.5	Reporting Period: To	12/31/2023
1.6	Name of Management Company / Central Office	Genesis HealthCare LLC
1.7	Street Address	101 East State Street
1.8	City	Kennett Square
1.9	State	PA
1.10	Zip	19348
1.11	Telephone	+14104947657
1.12	Fax	+14103373831
1.13	Legal Status	4
1.14	Is this information correct?	Yes

**Contact Information**

TABLE 2		
2.1	Contact person for this report:	<input checked="" type="checkbox"/> Use login user's information to fill fields below
2.2	Name	Fink, Richard
2.3	Firm (if not Mgmt. Company)	Genesis Healthcare LLC
2.4	Title	Director of Reimbursement
2.5	Street Address	c/o Genesis HealthCare LLC, 515 Fairmount Avenue
2.6	City	Towson
2.7	State	MD
2.8	Zip	21286
2.9	Telephone	+14104947657
2.10	Fax	+14103376831
2.11	E-mail address	rick.fink@genesishcc.com
2.12	Is this information correct?	Yes

**Genesis HealthCare LLC**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

**Preparer Information**

**Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.**

TABLE 3		
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer:	<input type="checkbox"/> Use login user's information to fill fields below
3.3	Firm Name / Management Company	
3.4	Name of Contact	
3.5	Title	
3.6	Street Address	
3.7	City	
3.8	State	
3.9	Zip	
3.10	Telephone	+1
3.11	Fax	+1
3.12	E-mail address	
3.13	Is this information correct?	Yes
3.14	Type of Accounting Service Performed	Compilation

**Disclosure Information**

1. This list must include the name(s), address(es) and % share of all direct and indirect owners with an interest of 5% or more in this entity. See the instructions for a definition of owner.

Column #	1	2	3	4	5
TABLE 4	Direct or Indirect?	Org Id	Name of Owner(s)	Address	% Share
4.1	InDirect	9826	Sun Healthcare Group, Inc.	101 East State Street Kennett Square PA 19348	0.01%
4.2	Direct	11529	Genesis HealthCare LLC	101 East State Street	0.01%
4.3	InDirect	11530	GEN Operations II, LLC	101 East State Street Kennett Square PA 19348	0.01%
4.4	InDirect	11531	GEN Operations I, LLC	101 East State Street Kennett Square PA 19348	0.01%

**Genesis HealthCare LLC**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

4.5	InDirect	11532	FC-GEN Operations Investment, LLC	101 East State Street Kennett Square PA 19348	0.01%
4.6	InDirect	12061	ZAC Properties XI LLC	1617 JFK Boulevard Suite 545 Philadelphia PA 19103	7.60%
4.7	InDirect	12086	HCCF Management Group XI LLC	3820 Mansell Road Alpharetta GA 30022	11.00%
4.8	InDirect	12862	Welltower, Inc	4500 Dorr St. Toledo OH 43615	5.60%
4.9	InDirect	12866	Sundance Rehabilitation Holdco, Inc.	101 East State Street Kennett Square PA 19348	0.01%
4.10	InDirect	12867	Genesis Healthcare Inc.	101 East State Street Kennett Square PA 19348	0.01%
4.11	InDirect	16991	Arnold Whitman	1035 Powers Place Alpharetta GA 30009	0.01%
4.12	InDirect	16992	Steven Fishman	101 West Avenue, 3rd Floor Jenkintown PA 19046	0.01%
400	Is this information correct?	Yes			

2. This list must include the name(s) of any Massachusetts nursing or residential care facility in which the owners listed in item #1 own directly an interest of 5% or more. For indirect ownership with an interest of 5% or more please provide information to the "Footnotes and Explanations" upload option on Schedule 7.

Column #	1	2	3
TABLE 5	Nursing or Residential Care Facility	VPN	Name of Owner(s)
5.1			
500	Is this information correct?	Yes	

3. Have you reported any expenses on a related SNF-CR or RCF-CR directly, which were not allocated through Schedule 6?

600	No		
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**Genesis HealthCare LLC**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

**SCHEDULE 2 : INCOME AND EXPENSES****Income**

Table 1	Column #		1
Line #	Account	Description	Reported
1.1	3630.0	Nursing Facility Income	
1.2	3650.0	Other Income (Enter in Sidebar)	(43,922,756)
1.3	3650.4	Administrative and General Recoverable Income	
1.4	3650.5	Variable Recoverable Income	
1.5	3650.2	Director of Nurses Recoverable Income	
1.6	3650.3	Fixed Recoverable Income	
100	3600.0	TOTAL INCOME	(43,922,756)

**Expenses**

Table 2	Column #		1	2	3
Line #	Account	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Allowable Expenses
2.1	9315.0	Officer/Owner: Compensation & Director Fees	1,337,282	1,337,282	0
2.2	9378.4	Officer/Owner: Payroll Taxes, Workers' Compensation and Fringe Benefits		0	0
2.3	9314.1	Administrator: Salaries			0
2.4	9378.5	Administrator: Payroll Taxes, Workers' Compensation and Fringe Benefits			0
2.5	9313.1	Administrator-in-Training: Salaries			0
2.6	9378.6	Administrator-in-Training: Payroll Taxes, Workers' Compensation and Fringe Benefits			0
2.7	9312.1	Administration: Salaries			0
2.8	9317.1	Clerical, Bookkeeping and Other Administrative: Salaries	90,146,356	5,055,726	85,090,630

**Genesis HealthCare LLC**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

2.9	9378.3	Administration, Clerical, Bookkeeping and Other Administrative: Payroll Taxes, Workers' Compensation and Fringe Benefits	9,712,456	465,392	9,247,064
2.10	9379.5	Other Administrative and General (Upload details on Schedule 7.5)	(296,759,495)	(321,936,373)	25,176,878
2.11	9392.0	Maintenance and Other Property Expenses	1,389,206	548,162	841,044
2.12	9935.0	Non-Allowable Administrative and General Expenses per Regulation (Enter in Sidebar)	136,018,632	136,018,632	0
2.13	3650.4	Administrative and General Recoverable Income		0	0
2.100	9311.0	SUBTOTAL: ADMINISTRATIVE AND GENERAL EXPENSES	(58,155,563)	(178,511,179)	120,355,616
2.14	9323.3	Director of Nursing Salaries			0
2.15	9378.8	Director of Nursing: Payroll Taxes, Workers' Compensation and Fringe Benefits			0
2.16	3650.2	Director of Nurses Recoverable Income		0	0
2.200	9323.0	SUBTOTAL: DIRECTOR OF NURSING	0	0	0
2.17	9323.1	Quality Assurance Professional: Salaries			0
2.18	9323.5	Indirect Restorative Therapy: Salaries			0
2.19	9323.4	Dietician: Salaries			0
2.20	9378.9	Quality Assurance Professional, Indirect Restorative Therapy, Dietician: Payroll Taxes, Workers & Compensation and Fringe Benefits			0
2.21	9323.6	Direct Restorative Therapy : Salaries		0	0
2.22	9378.2	Direct Restorative Therapy: Payroll Taxes, Workers' Compensation and Fringe Benefits		0	0
2.23	9502.2	REA-CR Other Operating Expense Add-back			0

# Genesis HealthCare LLC

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

2.24	3650.5	Variable Recoverable Income		0	0
2.300	9324.0	SUBTOTAL: VARIABLE EXPENSES	0	0	0
2.25	9386.8	Depreciation: Building	611,433		611,433
2.26	9387.8	Depreciation: Improvements	207,833		207,833
2.27	9387.9	Depreciation: MGT-CR Capitalized Improvements			0
2.28	9388.8	Depreciation: Equipment	842,255		842,255
2.29	9388.9	Depreciation: MGT-CR Capitalized Equipment			0
2.30	9390.8	Depreciation: Software/Limited Life Assets	3,617,736		3,617,736
2.31	9390.9	Depreciation: MGT-CR Capitalized Software/Limited Life Assets			0
2.32	9381.0	Long-Term Interest			0
2.33	9380.0	Real Estate Taxes	715,027		715,027
2.34	9380.1	Personal Property Taxes	18,106		18,106
2.35	9380.2	MA Corp. Excise Tax Non-Income Portion			0
2.36	9380.5	Insurance: Building, Building Improvements, Equipment			0
2.37	9382.1	Other Equipment Rent	271,882		271,882
2.38	9382.2	Property Rent (Unrelated Party)	5,058,184	1,644,269	3,413,915
2.39	9382.3	Property Rent (Related Party - REA-CR Required)		0	0
2.40	9950.2	REA-CR Fixed Costs (from Schedule 3)		0	0
2.41	3650.3	Fixed Recoverable Income		0	0
2.400	9384.0	SUBTOTAL: FIXED EXPENSES	11,342,456	1,644,269	9,698,187
200	9300.0	TOTAL EXPENSES	(46,813,107)	(176,866,910)	130,053,803

## Detail of Other Income, Account 3650.0

Table 3	1	2
Line #	Description	Reported
3.1	Bad Debt Contractual Allowance	(54,221,134)
3.2	Capitated Revenue Administration	1,647
3.3	Contractual Allowance Contractual Allowance	350

**Genesis HealthCare LLC**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

3.4	Employee Sales Operations	
3.5	Gain/Loss Retirement Of Asset Administration	25,959
3.6	Investment Income Operations	9,072,864
3.7	Miscellaneous Revenue (Administration, Employee Services, Operations)	636,677
3.8	Other Revenue Operations	
3.9	Prior Year Contractual Allow Contractual Allowance	39,135
3.10	Rental Income Administration	521,746
300	SUBTOTAL: OTHER INCOME	(43,922,756)

**Non-Allowable Administrative & General Expenses per Regulation 101 CMR 204.00 or 206.00, Account 9935.0**

Table 4	Column #	1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Allowable Expenses
4.1	Telephone: Advertising		0	0
4.2	Accounting: Appeal Service		0	0
4.3	Legal: Appeal Service		0	0
4.4	Legal: Other	6,424,444	6,424,444	0
4.5	Other Advertising	924,548	924,548	0
4.6	Other Management Fees		0	0
4.7	Interest on Late Payments and Penalties	53,617	53,617	0
4.8	Interest on Working Capital	128,616,023	128,616,023	0
400	SUBTOTAL: NON-ALLOWABLE ADMINISTRATIVE AND GENERAL	136,018,632	136,018,632	0

**SCHEDULE 3 : ALLOWABLE FIXED ASSETS AND EXPENSES****Management Company / Central Office Fixed Assets and Expenses**

Table 1	Column #		1	2	3	4
Line #	Account	Description	Allowable Assets (Basis), Beginning of Year	Asset Additions	Asset Deletions	Allowable Assets (Basis), End of Year
1.1	9950.3	Allowable Building Depreciation Rate	2.5%			
1.2		Land	2,333,778		(415,766)	1,918,012
1.3		Building	30,024,821		(7,500,000)	22,524,821
1.4		Improvements	2,117,343		(372,386)	1,744,957
1.5		MGT-CR Capitalized Improvements				0
1.6		Equipment	6,071,066	89,506		6,160,572
1.7		MGT-CR Capitalized Equipment				0
1.8		Software	127,713,180		(97,752)	127,615,428
1.9		MGT-CR Capitalized Software				0

**Realty Company Fixed Assets and Expenses**

Table 2	Column #		1	2	3	4
Line #	Account	Description	Allowable Assets (Basis), Beginning of Year	Asset Additions	Asset Deletions	Allowable Assets (Basis), End of Year
2.1		Name of Realty Company				
2.2		Land				0
2.3		Building				0
2.4		Improvements				0
2.5		REA-CR Capitalized Improvements				0
2.6		Equipment				0
2.7		REA-CR Capitalized Equipment				0
2.8		Software				0



**Genesis HealthCare LLC**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

2.9		REA-CR Capitalized Software				0
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**Realty Company Allowable Fixed Expenses**

**This table must agree to the Allowable Fixed Expenses in the Realty Company (REA-CR) Fixed Expenses Schedule 2 of the REA-CR.**

**Row 300 (Account 9950.2) will populate Schedule 2, Row 2.40, Column 2 of this cost report.**

Table 3	Column #		1
Line #	Account	Description	Allowable Expenses
3.1	9550.0	Depreciation: Building	
3.2	9550.3	Allowable Building Depreciation Rate	2.500%
3.3	9560.8	Depreciation: Improvements	
3.4	9562.8	Depreciation: REA-CR Capitalized Improvements	
3.5	9570.0	Depreciation: Equipment	
3.6	9571.0	Depreciation: REA-CR Capitalized Equipment	
3.7	9575.0	Depreciation: Software/Limited Life Assets	
3.8	9576.0	Depreciation: REA-CR Capitalized Software/Limited Life Assets	
3.9	9545.0	Long-Term Interest	
3.10	9540.0	Real Estate Taxes	
3.11	9540.5	Personal Property Taxes	
3.12	9545.6	MA Corp. Excise Tax Non-Income Portion	
3.13	9580.0	Insurance: Building, Building Improvements, Equipment	
3.14	9547.0	Other Equipment Rent	
3.15	3540.0	Recoverable Fixed Income	
300	9950.2	SUBTOTAL: ALLOWABLE REA-CR EXPENSES	0

**Genesis HealthCare LLC**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

**SCHEDULE 4 : BALANCE SHEET****Current Assets**

Table 1	Column #		1
Line #	Account	Description	Account Balance
	Cash		
1.1	1025.0	Cash and Equivalents	2,189,041
1.2	1040.0	Short-term Investments	
1.3	1045.0	Current Portion Assets Whose Use is Limited	
1.100	1010.0	SUBTOTAL: CASH	2,189,041
	Accounts Receivable		
1.4	1183.0	Other Accounts Receivable	31,420,218
1.5	1190.0	Interest Receivable	
1.6	1195.0	Management Fees Receivable	
1.7	1140.0	Reserve for Bad Debt	(3,222,774)
1.200	1110.0	SUBTOTAL: ACCOUNTS RECEIVABLE	28,197,444
	Loans Receivable		
1.8	1160.0	Officers/Owners	
1.9	1170.0	Employees	
1.10	1180.0	Affiliates/Related Parties	
1.11	1185.0	Other	
1.300	1150.0	SUBTOTAL: LOANS RECEIVABLE	0
1.12	1310.0	Other Current Assets	13,260,650
100	1005.0	TOTAL CURRENT ASSETS	43,647,135

**Non-Current (Fixed) Assets**

Table 2	Column #		1
Line #	Account	Description	Account Balance
2.1	1511.1	LAND - COST	1,200,029
2.2	1521.1	Building - Cost	22,524,821
2.3	1522.2	Building – Accumulated Depreciation	(12,637,840)
2.100	1520.0	BUILDING - BOOK VALUE	9,886,981
2.4	1611.1	Building Improvements – Cost	1,744,957
2.5	1612.2	Building Improvements – Accumulated Depreciation	(729,695)

**Genesis HealthCare LLC**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

2.200	1610.0	BUILDING IMPROVEMENTS - BOOK VALUE	1,015,262
2.6	1616.1	MGT-CR Capitalized Improvements – Cost	
2.7	1617.2	MGT-CR Capitalized Improvements – Accumulated Depreciation	
2.300	1615.0	MGT-CR CAPITALIZED IMPROVEMENTS - BOOK VALUE	0
2.8	1651.1	Equipment - Cost	4,519,997
2.9	1652.2	Equipment – Accumulated Depreciation	(4,297,436)
2.400	1650.0	EQUIPMENT - BOOK VALUE	222,561
2.10	1661.1	MGT-CR Capitalized Equipment – Cost	
2.11	1662.2	MGT-CR Capitalized Equipment – Accumulated Depreciation	
2.500	1660.0	MGT-CR CAP EQUIPMENT - BOOK VALUE	0
2.12	1701.1	Motor Vehicles – Cost	1,640,574
2.13	1702.2	Motor Vehicles – Accumulated Depreciation	(1,279,233)
2.600	1700.0	MOTOR VEHICLES - BOOK VALUE	361,341
2.14	1710.1	Software - Cost	127,615,429
2.15	1710.2	Software – Accumulated Depreciation	(124,050,487)
2.700	1710.0	SOFTWARE - BOOK VALUE	3,564,942
2.16	1715.1	MGT-CR Capitalized Software – Cost	
2.17	1715.2	MGT-CR Capitalized Software – Accumulated Depreciation	
2.800	1715.0	MGT-CR Capitalized Software – Book Value	0
200	1500.0	TOTAL NON-CURRENT (FIXED) ASSETS	16,251,116

**Deferred Charges and Other Assets**

Table 3	Column #		1
Line #	Account	Description	Account Balance
3.1	1965.0	Long Term Investments	62,656,686
3.2	1966.0	Non-Current Asset Whose Use is Restricted	
3.3	1985.0	Other (Enter in Table 4)	(259,409,778)
3.4	1975.1	Mortgage Acquisition Cost	
3.5	1975.2	Accumulated Amortization of Mortgage Acquisition Cost	
3.100	1975.0	UNAMORTIZED MORTGAGE ACQUISITION COST	0
300	1900.0	TOTAL DEFERRED CHARGES AND OTHER ASSETS	(196,753,092)

**Genesis HealthCare LLC**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

**Deferred Charges and Other Assets**  
**Detail of Other Assets, Account 1985.0**

Table 4	1	2
Line #	Description	Account Balance
4.1	Cost Report Rec'v- Presentation	(16,002,508)
4.2	ROU (Bldg Asset-Finance Lease, Office Asset-Oper Lease)	10,024,138
4.3	AccumAmort-ROU Office OprLease	(10,882,790)
4.4	Invest JV Investments in JV	36,607,536
4.5	AccumAmort-ROU Bldg FinLease	
4.6	I/C Due to/Due From GHCLLC (PR, A/P, EX, AR, IN)	(323,969,335)
4.7	LT Restricted Cash	45,232,683
4.8	Elimination Intercompany	(419,502)
400	SUBTOTAL ACCOUNT	0

**Total Assets**

Table 5	Column #		1
Line #	Account	Description	Account Balance
500	1000.0	Total Assets	(136,854,841)

**Current Liabilities**

Table 6	Column #		1
Line #	Account	Description	Account Balance
	Accounts Payable		
6.1	2020.0	Trade	84,476,365
6.2	2030.0	Accrued Expenses	117,320,816
6.100	2010.0	SUBTOTAL: ACCOUNTS PAYABLE	201,797,181
	Current Long-Term Debt		
6.3	2110.0	Officer, Owner, Related Parties	
6.4	2120.0	Subsidiaries and Affiliates	

**Genesis HealthCare LLC**

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

6.5	2130.0	Banks	
6.6	2140.0	Motor Vehicles	
6.7	2150.0	Other Short-Term Financing	
6.8	2160.0	Payments Due w/in one year on long-term debt	2,797,663
6.200	2100.0	SUBTOTAL: TOTAL CURRENT LONG-TERM DEBT	2,797,663
	Accrued Salaries and Payroll Liabilities		
6.9	2190.0	Accrued Salaries	16,554,387
6.10	2200.0	Accrued Payroll Tax withheld	4,474,657
6.11	2210.0	Accrued Employee Taxes Payable	
6.12	2220.0	Other Payroll Liabilities	
6.300	2180.0	SUBTOTAL: ACCRUED SALARIES & PAYROLL LIABILITIES	21,029,044
6.13	2230.0	Other Current Liabilities	
600	2005.0	TOTAL CURRENT LIABILITIES	225,623,888

**Non-Current Liabilities**

Table 7	Column #		1
Line #	Account	Description	Account Balance
7.1	2310.0	Mortgages	1,128,174,500
7.2	2330.0	Due to Affiliates/Related Parties	
7.3	2320.0	Other Long-Term Debt	37,014,415
700	2300.0	TOTAL NON-CURRENT LIABILITIES	1,165,188,915

**Total Liabilities**

Table 8	Column #		1
Line #	Account	Description	Account Balance
800	2800.0	Total Liabilities	1,390,812,803

**Net Worth**

Table 9	Column #		1
Line #	Account	Description	Account Balance
	Proprietorship, Partnership, or Limited Liability Company (LLC)		
9.4	2520.0	Capital	(1,530,557,993)
9.5	2530.0	Proprietor Drawings	

Genesis HealthCare LLC

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

9.6	2540.0	Partnership/Member (LLC) Drawings	
9.7	2545.0	Contributions	
9.8	2550.0	Net Profit/(Loss) Year to Date	2,890,349
9.200	2510.0	Total Proprietorship or Partnership	(1,527,667,644)
900	2500.0	TOTAL NET WORTH	(1,527,667,644)
Total Liabilities and Net Worth			
Table 10	Column #		1
Line #	Account	Description	Account Balance
1000	2000.0	Total Liabilities and Net Worth	(136,854,841)

**SCHEDULE 5 : RECONCILIATION OF INCOME & EXPENSES****Part 1: Reconciliation on Income and Expenses per Books to Cost Report**

<b>Net Income/Loss per MGT-CR</b>			
Table 1	Column #		1
Line #	Account Number	Description	Amount
1.1	3600.0	Total income reported on MGT-CR (Schedule 2)	(43,922,756)
1.2	9300.0	Total operating expenses on MGT-CR (Schedule 2)	(46,813,107)
100		MGT-CR Net income/(loss) before reconciling items	2,890,351
<b>Reconciling Items</b>			
<b>Items reported on MGT-CR but not on Financials. Explain below.</b>			
Table 2	Column #	1	2
2.1			
200	2905.0	Subtotal	0
<b>Items reported on Financials but not on MGT-CR. Explain below.</b>			
Table 3	Column #	1	2
3.1			
300	2910.0	Subtotal	0
Table 4		1	
400	<b>NET INCOME/(LOSS) PER FINANCIALS</b>		2,890,351
4.1	<b>Explanation</b>		

**Part 2: Reconciliation of Net Worth**

<b>PROPRIETORSHIP, PARTNERSHIP or LIMITED LIABILITY COMPANY (LLC)</b>			
Table 5	Column #		1
Line #	Account Number	Description	Amount
5.1		Balance: PRIOR YEAR	(1,530,557,993)
5.2	2915.0	Other: Prior Period Adjustment(s)	0
5.3	2545.0	Capital contribution during year	0
5.4	2550.0	MGT-CR Net income	2,890,351
5.5	2530.0	Proprietor Drawings	0
5.6	2540.0	Partnership/Member (LLC) Drawings	0
500	2500.0	<b>BALANCE: CURRENT YEAR</b>	(1,527,667,642)

Genesis HealthCare LLC

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

Prior Period Adjustments, Account 2915.0		
Table 7	1	2
Line #	Description	Amount
7.1		
7.2		
7.3		
7.4		
7.5		
7.6		
7.7		
700	Total Account	0

Part 3: Earnings and Compensation Disclosures										
This schedule is used to report the name(s) of the owner, officer or partner, and disclose the salary and other compensation paid as well as the accounts that were charged.										
Table 9	1	2	3	4	5	6	7	8	9	10
Line #	Account Number	Last Name	First Name	Officer, Partner, Related Party	Title	% of Time Devoted	Salary & Benefits	Draw / Dividends	Other	TOTAL
Sole Proprietorship										
9.1	2530.0					.00%				0
9.2						.00%				0
9.3						.00%				0
										0
Table 10	1	2	3	4	5	6	7	8	9	10
Partnership, Limited Liability Company (LLC)										
10.1						.00%				0
10.2						.00%				0
10.3						.00%				0
										0
Table 11	1	2	3	4	5	6	7	8	9	10



# Genesis HealthCare LLC

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

## Corporation

11.1	9312.1 - Administration: Salaries	Kirschner	Jonathan	Officer	EVP CEO	.00%	450,000			450,000
11.2	9312.1 - Administration: Salaries	Young	Steve	Officer	SVP	.00%	448,167			448,167
11.3	9312.1 - Administration: Salaries	Britton	Julie	Officer	SVP	.00%	416,085			416,085
										1,314,252

## Part 4: Five Highest Paid (including salaries, payroll taxes, workers compensation, other fringe benefits, and draws) List the names and compensation of the five employees who have the highest compensation being reported on this report.

Table 12	Column #	1	2	3	4	5	6	7	8	9
Line #	Account	Last Name	First Name	Officer, Partner, Related Party	Title	% of Time Devoted	Salary, Taxes, Workers' Comp. & Fringe Benefits	Draw	Other	TOTAL
12.1	7710.1	Kirschner	Jonathan	Officer	EVP CEO		450,000			450,000
12.2	7711.1	Young	Steve	Officer	SVP		448,167			448,167
12.3	7712.1	Britton	Julie	Officer	SVP		416,085			416,085
12.4	7713.1	Murray	Lauren	Officer	SVP		414,359			414,359
12.5	7714.1	Mason	Joseph	Officer	VPCG		328,050			328,050

**SCHEDULE 6 : ALLOWABLE EXPENSE ALLOCATION****Provide allocation to Massachusetts Nursing and Residential Care Facilities, Non-Mass Nursing and Residential Care Facilities**

Column #	1	2	3	4	5	6
Table 1	Facility Name	VPN	Administrative and General Expense			
			Shared Administrative & General Expense	Other Direct Administrative & General Expense	Total MGT-CR Administrative & General Add-back	
Line #	Part A: Massachusetts Nursing and Residential Care Facilities Only		%	\$	\$	\$
1.1	NEW ENGLAND PEDIATRIC CARE	0924164				0
1.2	COURTYARD NURSING CARE CENTER	0950007	0.6712%	807,826		807,826
1.3	ACADEMY MANOR	0950091	0.3623%	436,099		436,099
1.4	APPLE VALLEY CENTER	0950127	0.3214%	386,840		386,840
1.5	HERITAGE HALL EAST	0950103	0.2487%	299,272		299,272
1.6	HERITAGE HALL NORTH	0950124	0.2832%	340,823		340,823
1.7	HERITAGE HALL SOUTH	0950106	0.2507%	301,776		301,776
1.8	HERITAGE HALL WEST	0950121	0.3064%	368,759		368,759
1.9	PALM MANOR	0950109	0.3401%	409,357		409,357
1.10	PRESCOTT HOUSE	0950012				0
1.11	SUTTON HILL CENTER	0950130	0.3233%	389,122		389,122
1.12	WESTFORD HOUSE	0950133				0
1.13	WILLOW MANOR	0950118	(0.0191%)	(23,087)		(23,087)
1.14	ELAINE CENTER AT HADLEY	0927686	0.3240%	389,955		389,955
1.15	HATHORNE HILL	0940151	0.4679%	563,148		563,148
1.16	MILFORD CENTER	0927678	0.3155%	379,736		379,736
1.17	WAKEFIELD CENTER	0940101	0.3380%	406,848		406,848
1.18	WESTFIELD CENTER	0940135	0.2188%	263,305		263,305
1.19	LIGHTHOUSE NURSING CARE CENTER	0922226		57		57
1.20	GLEN RIDGE NURSING CARE CENTER	0950439	0.4596%	553,125		553,125
1.21	RENAISSANCE MANOR ON CABOT	0950442	0.1184%	142,521		142,521

s and Other Nursing and Residential Care Facility business in the grid below.

7	8	9	10	11	12	13	14
al Expenses			Director of Nurses Salary, Taxes & Benefits	Variable Expenses			
Administrator Salary, Taxes & Benefits	Administrator- in- Training Salary, Taxes & Benefits	Total Allowable Administrative & General Expense		Dietician Salary, Taxes & Benefits	Indirect Restorative Therapy Salary, Taxes & Benefits	Quality Assurance Professional Salary, Taxes & Benefits	REA-CR Othe t
\$	\$	\$	\$	\$	\$	\$	%
		0					
		807,826					
		436,099					
		386,840					
		299,272					
		340,823					
		301,776					
		368,759					
		409,357					
		0					
		389,122					
		0					
		(23,087)					
		389,955					
		563,148					
		379,736					
		406,848					
		263,305					
		57					
		553,125					
		142,521					

Genesis HealthCare LLC

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

15	16	17	18	19
or Operating Add-back	Total Allowable Variable Expenses		Total Allowable Fixed Expenses (from MGT-CR Sch. 3)	Total Allowable Expenses
\$	\$	%	\$	\$
	0			0
	0		65,094	872,920
	0		35,141	471,240
	0		31,171	418,011
	0		24,115	323,387
	0		27,463	368,286
	0		24,317	326,093
	0		29,714	398,473
	0		32,986	442,343
	0			0
	0		31,355	420,477
	0			0
	0		(1,859)	(24,946)
	0		31,422	421,377
	0		45,378	608,526
	0		30,599	410,335
	0		32,784	439,632
	0		21,217	284,522
	0		5	62
	0		44,570	597,695
	0		11,484	154,005

Genesis HealthCare LLC

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

100	PART A: Total Massachusetts Nursing and Residential Care Facilities		5.3304%	6,415,482	0	6,415,482
200	PART B: Total Non-MA Nursing and Residential Care Facilities		94.4347%	113,657,432		113,657,432
300	PART C: Total Non-Nursing/Residential Care Facility Business		0.2349%	282,700		282,700
400	TOTAL ADJUSTED MANAGEMENT COMPANY / CENTRAL OFFICE EXPENSES		100.0000%	120,355,614	0	120,355,614
	Identify Allocation Method(s) Used Above					
500	Other - Explain Below					
600	Allocated Expenses Used - Two tier allocation Corporate on accumulated expense and Division on patient days					

Genesis HealthCare LLC

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

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0	0	6,415,482	0	0	0	0
		113,657,432				
		282,700				
0	0	120,355,614	0	0	0	0

Genesis HealthCare LLC

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

0.0000%	0	0	0.0000%	516,956	6,932,438
		0		9,158,452	122,815,884
		0		22,780	305,480
0.0000%	0	0	0.0000%	9,698,188	130,053,802

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**SCHEDULE 7 : FOOTNOTES AND OTHER DISCLOSURES****(1) Footnotes and Explanations**

Upload Type: Excel, Word, or PDF

This schedule is used to provide detail to any of the information included in this report.

Note: This file is mandatory if Schedule 1 Line 3.14 ("Type of Accounting Service Performed") has "Other" selected, and/or if Schedule 1 Line 600 has been checked "Yes."

**(2) Organizational Structure**

Upload Type: Excel, Word, or PDF

Supply the Center with a macro organizational chart of your complete business structure.

Shade in each component of your organizational chart from which costs are allocated to your Massachusetts Nursing or Residential Care Facilities.

Note: This file is mandatory for all users

**(3) Non-MA Facilities**

Upload Type: Excel Template

List the name(s) of any non-Massachusetts nursing or residential care facilities in which any direct/indirect owners listed in Schedule 1, Table 4 of this report own, directly or indirectly, an interest of 5% or more.

This information must be submitted in the format of the template provided.

Note: This is mandatory if this section applies to the filing Management Company

**(4) Related Party Markup, Account 9382.3**

Upload Type: Excel Template

Indicate any entity, person or related party as defined in REGULATION 101 CMR 206.00 and that (a) provides services, facilities, goods and/or supplies to this company; or (b) receives

any salary, fee or other compensation from this company. Indicate the amount paid by this company for this reporting year. (Attach addendum if necessary.)

This information must be submitted in the format of the template provided.

Note: If Schedule 2 Line 2.39 (Account 9382.3, Expenses: Property Rent) has reported information, this file must be completed and uploaded.



**(5) Other Administrative and General, Account 9379.5**

Upload Type: Excel Template

Provide a detailed listing of all expenses being reported in Account 9379.5, Other Administrative & General on Schedule 2.

This information must be submitted in the format of the template provided.

Note: If Schedule 2 Line 2.10 (Account 9379.5) has reported information, this file must be completed and uploaded.

**(6) Financial Statement Documentation**

Upload Type: PDF

To satisfy the financial statement requirement, providers must file one of the following forms of acceptable documentation.

As per 957 CMR 7.00: If a Provider or its parent organization is required or elects to obtain independent audited financial statements for purposes other than 957 CMR 7.00, the

Provider must file a complete copy of its audited financial statements with the Center, that most closely correspond to the Provider's Nursing Facility cost report fiscal period. If the

Provider or its parent organization does not obtain audited financial statements but is required or elects to obtain reviewed or compiled financial statements for purposes other than

957 CMR 7.00, the Provider must file with the Center a complete copy of its financial statements that most closely correspond to the Nursing Facility cost report fiscal period. Nothing

in this section shall be construed as an additional requirement that nursing homes complete audited, reviewed, or compiled financial statements solely to comply with the Center's

reporting requirements.

Please select one option from the menu, and upload applicable files for choices A or B. They are listed in descending order of preference:

☐ A) Audited Financial Statement: Audited, reviewed, or compiled financial statements prepared by a Certified Public Accountant (CPA).

☐ B) Unaudited Financial Statement: Unaudited financial statements for the reporting year.

☒ C) Financial Statements Unavailable: The Provider or parent organization did not complete audited, reviewed, or compiled financial statements for purposes other than 957 CMR 7.00.

Note: If A or B are selected Providers need to submit a financial statement. If C is selected an upload is not required.

Genesis HealthCare LLC

Version: 2023.1

Run Date: 10/02/2024

Run Time: 10:51 AM

File Submission History				
Date Uploaded	File	File Name	File Type	Uploaded By
3/19/2024 12:31:42 PM	(2) Organizational Structure	(2) Org Chart Diagram - Diane.pdf	application/pdf	Richard Fink
3/19/2024 12:45:59 PM	(5) Other Administrative and General, Account 9379.5	(5) 9379.5.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Richard Fink
3/21/2024 4:25:25 PM	(1) Footnotes and Explanations	(1) Massachusetts - Home Office - 12.31.2023.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Richard Fink
3/21/2024 4:26:40 PM	(1) Footnotes and Explanations	(1) Massachusetts Final Allocation 12.31.2023.xls	application/vnd.ms-excel	Richard Fink

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**SCHEDULE 8 : SUBMISSION ATTESTATION SECTIONS****Section A - Certification by Preparer (Other than Owner, Partner, or Officer)**

1.1	<input checked="" type="checkbox"/> Use login users information to fill fields below	
1.2	Firm Name	Genesis HealthCare
1.3	Preparer's Last Name	Fink
1.4	Preparer's First Name	Richard
1.5	Preparer's Middle Name	M
1.6	Title	Director of Reimbursement
1.7	Preparer's Address	c/o Genesis HealthCare LLC, 515 Fairmount Avenue
1.8	City	Towson
1.9	State	MD
1.10	Zip Code	21286
1.11	Phone Number	4104947657
1.12	Email Address	rick.fink@genesishcc.com
1.13	Is this information correct?	Yes
1.14	<input checked="" type="checkbox"/> By checking this box I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.15	Date of Authorization:	03/19/2024
	Please note this button does not submit the Cost Report for CHIA review, and is solely for your internal review purposes. If the report needs to be unlocked by the Preparer, uncheck the attestation box on Line 1.14.	

**Section B - Certification by Owner, Partner, or Officer**

I declare and affirm under the penalties of perjury that this cost report and supporting schedules have been examined by me and, to the best of my knowledge and belief, are a true and correct statement of total operating expenditures, balance sheet, earnings and expenses, and other required information. Further, I declare that the report and supplemental information were prepared from the books and records of the provider, unless otherwise noted, in accordance with applicable federal and state laws, regulations and instructions. I understand that any payment resulting from this report will be from state and federal funds and that any false statements or documents, or the concealment of a material fact, may be prosecuted under applicable federal and state laws. I also understand that this report and supporting schedules are subject to audit and verification by the Center for Health Information and Analysis or any other state or federal agency or their subcontractors. I will keep all records, books, and other information pertaining to this cost report for a period of five years. If there is an unresolved audit exception, I will keep these records until all issues are resolved.

2.1	<input checked="" type="checkbox"/> Use login users information to fill fields below	
2.2	Last Name	Morris
2.3	First Name	Diane
2.4	Middle Name	Louise
2.5	Title	Director of Reimbursement
2.6	Is this information correct?	Yes
2.7	<input checked="" type="checkbox"/> By checking this box I hereby certify that I am the authorizing person of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.8	Date of Authorization:	03/19/2024
	Please note once the Submit button is clicked, this Cost Report and all attachments will be submitted to CHIA for review and finalized. This Cost Report can then only be reopened by contacting CHIA and submitting a request.	
	Please submit all requests to Costreports.LTCF@CHIAmass.gov along with the following information:	
	a) User Name	
	b) User E-Mail Address	
	c) Organization Name	
	d) Applicable Filing Year	
	e) Reason for request	